

## TA-53 FACILITY PENETRATION PERMIT

### WORK/PROJECT INFORMATION

|                                       |               |                    |
|---------------------------------------|---------------|--------------------|
| Work Supervisor:                      | Phone#:       | Pager#:            |
| Group:                                | Section/Team: | Date Submitted:    |
| Location of Task/Project: Bldg        | Rm            | Other Description- |
| Task/Project to be Performed: _____   |               |                    |
| Date(s) Work will be Performed: _____ |               |                    |
| Supervisory Approval:                 | Date:         | Phone:             |

### PENETRATION PROCEDURAL CHECKLIST

|   | Yes                      | N/A                      |
|---|--------------------------|--------------------------|
| Obtained Supervisor's Authorization (signature)                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Outlined Work Process (back of this form)                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Performed Activity Hazard Analysis (back of this form)                | <input type="checkbox"/> | <input type="checkbox"/> |
| Coordinated with Building Manager (conflicts & hazards)               | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation Information & Supporting Documents Submitted (if required) | <input type="checkbox"/> | <input type="checkbox"/> |
| JCI Performed Utility or Hazard Location (if required)                | <input type="checkbox"/> | <input type="checkbox"/> |
| Building Manager & Safety Reviews Completed and Approved (signatures) | <input type="checkbox"/> | <input type="checkbox"/> |
| Facility Management Review Completed & Signed (if required)           | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation and Other needed Permits Received & Approved               | <input type="checkbox"/> | <input type="checkbox"/> |
| Acquired Needed Personal Protective Equipment (PPE) see Annex D       | <input type="checkbox"/> | <input type="checkbox"/> |
| Physically Located Energy Sources                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| De-energized and Locked Out Energy Sources                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Verified that Sources are De-energized                                | <input type="checkbox"/> | <input type="checkbox"/> |
| Work/Project Completed  | <input type="checkbox"/> | <input type="checkbox"/> |
| All Energy Sources are Safely Re-energized                            | <input type="checkbox"/> | <input type="checkbox"/> |

### REVIEWS & APPROVALS

|  |      |
|--|------|
| Approval means I have personally checked the work area, process, documentation, or whatever aspect of this task/project is commensurate with my area of knowledge and/or expertise (see procedure for specific details) and based on current knowledge, I believe that it is safe and reasonable to proceed. |      |
| Signature  | Date |
| Supervisor:  |      |
| Facility Safety:   |      |
| Building Manager:  |      |
| Facility Manager/Engineering:  |      |
| Work Supervisor:   |      |

### WORK PROCESS

Outline the various steps you must complete from your pre-job safety meeting to the completion of the job and safely returning the equipment and/or site to operational status.

|           |  |
|-----------|--|
| Step 1 -  |  |
| Step 2 -  |  |
| Step 3 -  |  |
| Step 4 -  |  |
| Step 5 -  |  |
| Step 6 -  |  |
| Step 7 -  |  |
| Step 8 -  |  |
| Step 9 -  |  |
| Step 10 - |  |

### ACTIVITY HAZARD ANALYSIS

(continuation sheet available)

| Activity/Work Being Performed | Hazards Associated with Activity/Work | Mitigating Actions to Control or Eliminate the Hazards |
|-------------------------------|---------------------------------------|--|
|                               |                                       |  |

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(continuation sheet)

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|----------------------------------|--|---|
|                                  |  |   |